

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Public Health

Division of Adult and Child Health Improvement

911 KAR 2:110. Kentucky Early Intervention Program Point of Entry.

RELATES TO: KRS 200.650 TO 200.276, 20 U.S.C. 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.660(8), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health and Family Services and placed the Department for Public Health under the Cabinet for Health and Family Services. KRS 250.660 requires the cabinet to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations necessary to implement KRS 200.650 to 200.676. This administrative regulation sets forth the point of entry provisions pertaining to First Steps, Kentucky's Early Intervention Program.

Section 1. Point of Entry.

- (1) The point of entry (POE) staff shall coordinate child-find efforts with local education agencies in order to insure compliance with child find mandates with each party.
- (2) The POE staff shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through 42 U.S.C. 15001 to 15009, the Developmental Disabilities Assistance and Bill of Rights Act.
- (3) The POE staff shall develop a child-find activity plan to be conducted in each district that includes:
 - (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services.
 - (b) Utilizing the materials developed by the Interagency Coordinating Council Public Awareness Committee by making them available to the community upon request in cooperation with the district technical assistance team and the district early intervention committee (DEIC).
- (4) The POE staff shall maintain accessibility and provide public awareness activities in each district by:
 - (a) Having a district toll free telephone number;
 - (b) Having a dedicated local telephone number to be answered by person or machine twenty-four (24) hours a day, seven (7) days a week as First Steps; and
 - (c) Utilizing the Image Consistency Kit developed by the Interagency Coordinating Council Public Awareness Committee.
- (5) The POE staff shall maintain communication with the DEIC, district technical assistance team and lead agency on matters of child find, service options and other issues relevant to the First Steps Program, by completing the following activities:
 - (a) Presenting a report at each DEIC meeting that includes the following information:
 1. Number of referrals and referral sources since last DEIC meeting;
 2. List of current service providers including deletions and additions from last meeting;
 3. Report on identified gaps related to services and location; and
 4. A highlight of the month's activities that include the public awareness activities; and
 - (b) Soliciting advice from the DEIC, district technical assistance teams, and lead agency on child find, service options and other issues relevant to the First Steps Program.
- (6) The POE staff shall act on all referrals for First Steps services.
 - (a) Upon receiving a telephone or written referral, POE staff shall:
 1. Determine if the family is aware that a referral is being made; and

2. Do an initial screening to determine if the referral is appropriate based on:
 - a. Establishing that the child's age is between birth and three (3) years old;
 - b. Ensuring the family's residence is within the assigned district; and
 - c. Confirming that there is a developmental concern or a suspected established risk diagnosis.
 - (b) If the initial screening finds the referral to be inappropriate, the POE shall give the referral source the appropriate resource to refer the child and family to the services that meet that child's needs. These resources include:
 1. Public schools;
 2. The Department for Community Based Services;
 3. Medical services; or
 4. Another POE.
 - (c) If it is determined that the referral is appropriate, POE staff shall contact the family by telephone or letter within five (5) working days for the purpose of:
 1. Briefly informing them of First Steps' services;
 2. Advising them that all services are voluntary; and
 3. Ascertaining whether the family would like more information and an initial visit scheduled; and
 4. Administer the Department for Public Health approved screening test.
 - (d) If a family is interested, the POE staff shall schedule a visit and send the family a letter to confirm the date, time and location of the visit.
 - (e) If a family is not interested, the family shall be informed by the POE staff that they can contact the POE at any time to reinstate the referral and the POE staff shall:
 1. Document in the child's record, the refusal of services; and
 2. Send a letter to the referral source explaining refusal of services by the family.
 - (f) If efforts to contact the family by telephone and in writing fail, in order to bring closure to the referral the POE staff shall send a follow-up letter within ten (10) working days of the referral encouraging the family to contact the POE at anytime to:
 1. Initiate services; or
 2. To ask further questions.
 - (g) Within fifteen (15) working days, the POE staff shall send, in writing, an acknowledgment to the referral source that the referral was received and the status of the processing of the referral, if known at the time.
- (7) At the initial visit to the family, the POE staff shall:
- (a) Identify the purpose of the visit;
 - (b) Explain the First Steps services;
 - (c) Explain the family rights by giving the family the "Family Rights Handbook" and review the statement of assurances;
 - (d) Obtain the signature of a parent on the statement of assurance;
 - (e) Obtain release of information for medical or developmental information from parent;
 - (f) Determine the willingness to participate in First Steps services or refusal of services;
 - (g) Interview family and other individuals identified by the parents who are significant in the child's life and record findings to help record the child's developmental status, social relationships and contexts for learning, including the family's history, resources, priorities, concerns, patterns, daily routines and activities;
 - (h) Determine the next action needed with the family to determine eligibility of the child;
 - (i) Discuss evaluation and service options that include:
 1. Family convenience and preference;
 2. Funding sources; and
 3. Natural Environments;

- (j) Establish the potential date for developing an Individualized Family Service Plan (IFSP);
 - (k) Discuss options for a primary service coordinator; and
 - (l) Collect data necessary for billing.
- (8) All children referred to First Steps because of suspected developmental delay or established risk condition shall have the hearing checklist completed prior to the initial IFSP meeting.
- (9) The POE staff shall use the following to assist in the determination of hearing status:
- (a) If the referral is a birth to three (3) year old child who is "at risk" as indicated on the Kentucky High Risk Hearing Registry and the "at risk" indicator is the only reason they were referred to First Steps, and no audiological screen has been done, the child and family shall be notified to contact their pediatrician or a clinic for an audiological screen to determine hearing status.
 - (b) If the referral is a birth to three (3) year old child who is suspected of having a hearing problem, but not suspected of having any developmental problems, the family shall be notified to contact their pediatrician or a clinic for an audiological screen to determine hearing status.
 - (c) If the referral is a birth to three (3) year old child with a diagnosis of significant hearing loss, as specified by KRS 200.654(10)(b), the child shall be considered to have an "established risk" diagnosis and be eligible for First Steps services and the referral process shall continue.
 - (d) If a birth to three (3) year old child who is suspected of having a hearing loss, with no verification of degree of loss or diagnosis, and suspected of having delays in developmental areas, POE staff shall initiate the evaluation for First Steps, which shall include an audiological evaluation.
 - (e) If a birth to the three (3) year old child is referred because of suspected developmental delay or established risk condition, but no apparent hearing problems, the POE shall complete the hearing checklist prior to the IFSP meeting.
- (10) POE staff shall coordinate the evaluation process for eligibility determination within the federally mandated time line of forty-five (45) days from receipt of the referral. The POE staff shall:
- (a) Gather existing documentation that will be used to determine eligibility; and
 - (b) Ensure that all releases are completed and on file.
- (11) The POE staff shall make appropriate referrals to secure needed evaluations of the child's medical and developmental status.
- (12) The POE staff shall ensure that referrals for needed assessments are made, the assessments are completed and that those reports shall be made available prior to the initial IFSP.-
- (a) The POE staff shall make the appropriate referrals for needed assessments prior to the initial IFSP.
 - (b) The POE staff shall request copies of the completed assessment reports to be included in the child's record and used in the development of the initial IFSP.
 - (c) The POE staff shall send all future assessment reports to the primary service coordinator.
- (13) The POE staff shall coordinate and ensure completion of the initial individualized family service plan (IFSP) meeting within the federally mandated time line of forty-five (45) calendar days from receipt of referral.
- (a) The POE staff shall assist the family in identifying the IFSP team members and discuss a potential primary service coordinator.
 - (b) Once a potential primary service coordinator has been suggested, the POE staff shall contact that person and confirm his willingness to function as the primary service coordinator.
 - (c) After releases of information signed by the parent have been obtained, the POE staff shall send copies of the following information to the requested primary service coordinator:
 - 1. Initial referral information;

2. Developmental and social history;
 3. Any available evaluation reports; and
 4. Any available assessment reports.
- (d) The POE staff shall send notices to all identified IFSP team members of the upcoming IFSP meeting date, time, and location.
- (e) If a telephone is available, the POE staff shall call the family at least three (3) working days prior to the IFSP meeting to:
1. Confirm the time and place of the meeting;
 2. Determine whether transportation is needed;
 3. To reiterate the purpose of meeting; and
 4. To answer questions.
- (f) If the developmental and medical evaluators, family, and POE agree that the child is not eligible prior to the IFSP meeting, a meeting shall not be held. If any one (1) member disagrees or still has concerns, a meeting shall be held.
- (g) The POE staff shall facilitate the initial IFSP meeting by:
1. Leading introductions;
 2. Reviewing the purpose of the meeting;
 3. Explaining the family rights and responsibilities for participation, the array of services currently available, and the service delivery approaches which include family centeredness, natural environments and transdisciplinary services; and
 4. Discussing and leading the IFSP team to verify eligibility based on collected documentation.
 - a. If the child is not eligible, the POE staff shall discuss other options and make the family aware they can recontact the POE anytime.
 - b. If the child is eligible but the family is not interested in services, the POE staff shall document the refusal of services and make the family aware they can recontact the POE any time for reevaluation.
 - c. If the child is eligible and the family is interested in services, the POE staff shall:
 - (i) Develop an IFSP ensuring that all IFSP components are included; and
 - (ii) Introduce the primary service coordinator.
- (h) The POE staff shall ensure that the written IFSP is developed and recorded at the meeting.
- (i) The POE staff shall send the completed IFSP to the family within five (5) working days of the IFSP meeting;
- (j) The POE staff shall, within five (5) working days of the IFSP meeting, make available, through appropriate releases, to the primary service coordinator the following:
1. The completed IFSP;
 2. Any evaluation reports not previously sent; and
 3. Any assessment reports not previously sent.
- (k) The identified primary service coordinator shall send copies of the IFSP to other IFSP team members and to the parties requested by the family within ten (10) working days of the IFSP meeting.
- (l) The POE staff shall send the necessary documentation of service decisions to the billing agent within five (5) working days after the IFSP meeting.
- (m) The identified primary service coordinator shall be responsible for referrals to services identified on the IFSP.
- (14) The POE staff shall:
- (a) Provide consultation and support to the primary service coordinator as requested;
 - (b) Keep on file copies of all IFSP and reviews sent from the primary service coordinator;
 - (c) Assist primary service coordinators in transition of children from First Steps services to future services; and

- (d) Track and notify the primary service coordinator that a transition conference shall be completed within the federal time frame of no less than ninety (90) days prior to the child's third (3) birthday by:
 - 1. Sending notification, no later than the child's 30th month of age, to the primary service coordinator that the transition conference is due and the date by which it shall be held; and
 - 2. Receiving from the primary service coordinator the revised IFSP which incorporates the transition plan no later than one (1) week, five (5) working days, after the meeting has been held. This plan shall include at least:
 - a. Basic demographic information;
 - b. A listing of family priorities;
 - c. Family resources and concerns; and
 - d. Documentation of the transition meeting and outcomes.
- (15) The POE staff shall function as the primary service coordinator to ensure that the transition conference and plan are completed if the primary service coordinator resigns and no other primary service coordinator can be assigned in time, or the referral is received within forty-five (45) days of the child's third birthday.
 - (a) The POE staff shall be responsible for knowing the following transition procedure that shall include:
 - 1. Ensuring all potential agencies and programs that could provide services to a particular child after the age of three (3), are included.
 - 2. Processing the referrals of all children who are less than the age of two (2) years ten and one-half (10 1/2) months for evaluation and First Steps services.
 - (b) For all children who are two (2) years and ten and one-half (10 1/2) months old to age three (3), the POE shall facilitate the transition conference which would include representatives of available next referrals.
 - (c) The POE staff shall be responsible for conducting the transition conference and development of the plan when assuming the role of primary service coordinator.
- (16) If the family refuses service coordination, the POE shall coordinate and facilitate all IFSP meetings.
- (17) The POE staff shall maintain a complete record on all children referred through the POE by:
 - (a) Keeping on file all records generated by the POE or sent to the POE from all other service providers;
 - (b) Ensuring that all POE contacts shall be documented in the child's record;
 - (c) Notifying the billing agent of all changes in the status of the child or family within seven (7) working days of notification of changes to the POE or at least every six (6) months in conjunction with IFSP six (6) month reviews; and
 - (d) Providing data to the lead agency as requested.
- (18) The POE shall provide a written data report to the DEIC. The POE shall complete the district data report monthly. The information to be included in the report shall be the:
 - (a) Number of referrals per quarter;
 - (b) Sources of referrals;
 - (c) Number of eligible children;
 - (d) Eligibility categories and number of children in each category;
 - (e) Number of children not eligible;
 - (f) Number of children or families refusing services;
 - (g) Number of IFSP's completed;
 - (h) Number of children who received primary, intensive and tertiary evaluations; and
 - (i) Age of each child at the time of referral.
- (19) The POE shall collect and maintain the District Service Provider Directory. The POE shall:

- (a) Collect data on all available First Steps service providers, maintain that data, and have the current services in a printable form, upon request from the community; and
- (b) Send a compiled list of changes to their district technical assistance team quarterly.

Section 2. Incorporation by reference.

- (1) The following material is incorporated by reference:
 - (a) Hearing Checklist, 1999; and
 - (b) Family Rights Handbook, January 2005.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8:00 a.m. to 4:30 p.m. (23 Ky.R. 3129; Am. 3847; 4168; eff. 6-16-97; recodified from 908 KAR 2:110, 10-25-2001; 31 Ky.R. 482; 1267; eff. 1-19-05.)